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ABSTRACT

This paper contains a model for practicum supervision developed by Dr. Manford Sonstegard. The procedure allows the supervisor, student-counselor, client, and practicum class to participate in the session. Whereas one-way mirrors, audio tapes and audio-visual tapes allow for only delayed feedback from the supervisor, Dr. Sonstegard's approach permits on-the-spot instruction. This helps prevent the counseling session from getting sidetracked by irrelevant approaches. Counseling philosophies which perceive client concerns as deep-seated intrapsychic conflicts might not be effective in a group practicum; however, the present approach views the client's concerns as based on faulty perceptions for gaining a sense of worth among others. The procedure has been used with students who are interested in learning family counseling, group counseling, and individual counseling. The paper presents a demonstration of a student-counselor receiving supervision in family counseling. Benefits of this approach to practicum supervision are indicated. The method for instructional intervention and feedback differentiates Dr. Sonstegard's model from multiple therapy. (Author)

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INTERVENTION STRATEGIES IN COUNSELOR SUPERVISION

John West and Manford Sonstegard

Dr. John West---We're going to make the introduction rather short. I'd like Dr. Sonstegard to do a demonstration of how we conduct practicum at West Virginia College of Graduate Studies. Both Sonste and I feel that practicum is an essential part of our counselor education program. We have practicum class sit in on counseling sessions much like you are doing now. The supervisor's job is to intervene at critical periods. When a client comes in for counseling, we explain that this is a class where we're trying to learn more about counseling and would he/she be willing to help us. We address the client in this manner in order to receive a committment from him/her and to solicit cooperation.

I've noticed in working with Dr. Sonstegard that there are strategic points during the supervision where intervention can occur. I'd like to share a couple of these with you and then we'll get into the demonstration. Often our students have a difficult time helping a client become more concrete. The client frequently talks of general concerns. This is one typical point where intervention can occur. The student counselor can be helped with this by learning to ask the client, "What do you do about the problem?" Such a question will help to make the general situation more concrete. Also, student counselors frequently turn the investigation process of the counseling interview into an interrogation. It becomes most clear when questions are rapidly thrown at the client. Furthermore, we've noticed that some of our student counselors liken themselves to parents They end

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up talking when they're not sure as to what should be done. For instance they might ask for feelings that are very obvious or they might find themselves repeating material that had previously been covered. A lot of this excessive talking damages the student counselor's credibility. On occassions the counselor hasn't collected enough information and tries to make a disclosure too early. Consequently, no recognition reflex occurs. This is another excellent opportunity for intervention to occur. It might be that the student counselor has the right idea about the client's motivations but has a difficult time making the disclosure in a way that will produce a recognition reflex. This appears to be true in working with children, an example, the student counselor might say, "I think you're trying to get Mom and Dad mad at you." This disclosure would not receive a recognition reflex but could be rephrased, "Could it be that you would like to show Mom that she can't make you do anything you don't want to?" Finally, students can be too theoretical; "Your child has you caught in a power struggle and we'd like to ask you to extricate yourself from the situation." The more specific the recommendations, the more helpful they are. Recommendations need to be tailored to the client's situation.

Once we've worked with a group of practicum students for a semester they can pair off into groups of two during the second semester and intervene for each other. As a dyad they'll be able to see a number of clients and eventually we all come back together in a larger group to discuss our cases. At the end of a session, during the first semester of practicum the student counselor will ask his/her fellow students for feedback concerning the counseling.

The students have indicated that they really appreciate this part of the class. In addition, students have mentioned, "If I make a mistake, the practicum supervisor is there to help me redirect the session." Most practicum sessions are conducted through taping and one way mirrors. With such procedures, there is no opportunity to prevent the counseling from pursuing an irrelevant course. The students are also able to see their fellow colleagues doing counseling and such vicarious learning appears to be helpful. These comments and others support the use of this approach to practicum supervision. It is an approach that Dr. Sonstegard has developed, and one that demands a lot more of the counselor educator's time. I'd like to stop here so that we can get into a demonstration.

Dr. Manford Sonstegard--Thank you, John. I would like to take credit for having perfected this approach, but I really can't because I learned it from Rudolph Dreikurs many years ago. Our practicum amounts to 200 and some hours for every student. They are in the practicum two days a week for about six hours per day. I am going to pretend that the audience is made up of student counselors. I am going to ask Sally, the client, whether this is a session for individual counseling. Sally, would you come to be seated at the mike? Mary, would you also come up, please? Mary is a student counselor. I hope she doesn't do too well because if she does, I won't have the opportunity to intervene. Deliberately get off the track, Mary, so that I can demonstrate. And Sally are you coming because you are a parent? Do you want counseling for the family or are you coming as an individual?

Sally-- I'm coming as a parent.

Dr. Sonstegard--Okay, so as a consequence then, Mary will proceed as if this were the Family Education Center. We use the Family Education Center as a training ground for counselors. So, we'll let you start Mary.

Mary--Sally, what would you like to talk of today?

Sally--Well, first of all, I probably should describe the family. I have two sons, one who is eight and one who is three. My problem is with the eight year old. He has the problem, actually, he's put himself into a bully role. He bullys and bothers people and I don't know how to deal with this.

Mary--Could you give us an example?

Sally--He's with the younger kids a lot and if something happens where accidentally he gets hurt he will threaten them. He is also able to get them to do what he wants. He wants to boss them around. They're smaller then he is and he wants them to do what he wants.

Mary--What do you do?

Dr. Sonstegard--Very good, very good. She says, "What do you do?"

Sally--I usually try to stay out of it.

Mary--What does that mean, "You try to stay out of it?"

Sally--Well, I just kind of listen and dont do anything unless I am called upon. And then Peter will come to me and say, "So and so is going to come and tell you I did this." Peter is the oldest. He'll tell me what he did and I'll say, "Well how

do you feel about it; is there anything wrong with what you did?" Usually he'll say, "No, because so and so did this to me."

Dr. Sonstegard--Mary, you're going to have to structure the session from this point on. She is answering your question, but continues to go on, thus providing only irrelevant information. At this point it will be necessary for the counselor to structure the interview. Mary, what do you guess is the mistaken notion that this little boy has?

Mary--Well, he feels he's a bad kid. I would suspect that the younger child is a good child and he's the bad guy.

Dr. Sonstegard--Well, I'm not so sure he thinks he's the bad kid. He may I don't know. Now what do you people think? What would you guess?

Audience--I believe that he feels he's inferior, because if he got along well with his younger brother and other children he wouldn't have to exercise this kind of behavior power.

Dr. Sonstegard--And what makes you think he wants power?

Audience--Well, I'm thinking that by bullying he shows that he can do whatever he wants.

Dr. Manford Sonstegard--The fact that he comes and tells his mother he's done something wrong, makes me think that he wants to get mother involved. Mary, what are you going to do next? If the counselor in training makes a guess, in other words if he's quite convinced that he understands the child's mistaken assumption, then he proceeds to check it out. Now, if there is some difference of opinion among the students then I will say, "Well why don't you gather some more information. Why don't you proceed to do a little

more investigation to see what other clues come out and maybe we can make it clearer. Check it out a little bit." Now, how about investigating a typical day?

Mary--Okay, Sally, could you start in the morning when you get up? How does it go? Just give us an example of a typical day.

Sally--Well, usually the kids get dressed first and Josh, the younger one, gets Peter, the older, to fix cereal for him. And then I get up a little later and sometimes there's fighting and sometimes there's not; but they usually settle it themselves. Then I ask Peter if he's all ready for school. Well, he doesn't have this on or that on and then he finishes getting ready for school and then he leaves. Josh stays home all day Josh will play with the other kids sometimes. Sometimes he has to go someplace with me. At noon, my oldest son will come home for lunch and we'll sit and talk. It's pleasant and he then goes back to school. The minute he comes back from school something goes wrong. Someone was bullying him or something went wrong in class.

Mary--He tells you this about school?

Sally--He reports it, yes.

Dr. Manford Sonstegard--Now Mary, of all the suggestions that came out about what the mistaken notion is, which one would you select now? What is the reason for the youngster doing what he does?

Mary--Attention, it could be attention.

Dr. Manford Sonstegard--Now what makes you think it is this?

Mary--Well, because he reports everything.

Dr. Manford Sonstegard--There is something else, too. We already know that he reports to his mother. That's already been given, but there is a new clue that has come out and that is very

important.

Mary--He reports his fights?

Dr. Manford Sonstegard--Yes, he does that but he's reported it to the mother before so we already have that clue. What I'm trying to get at is that the mother has provided another clue that varifies the fact that he is an attention-getter.

Audience--Is it that she has to remind him to get ready for school in the morning?

Dr. Sonstegard--The better one occurs when he comes home for lunch. How many people are involved for lunch?

Audience--Two.

Dr. Sonstegard--Yes, as long as he has his mother to himself everything goes well for lunch. So there is no reason for him to tell her what's going on at school. By looking at the clues, you begin to build patterns. You can then make a pretty good guess as to what the youngster is up to.

Audience--How do you know what the crucial clues are?

Dr. Sonstegard--Well, that comes about from the supervision. As we go along, I help the student counselor to catch these. Now, next time when Mary does counseling she's more alert to the various meaning of things. She will be able to screen out that which is relevant and disregard that which is irrelevant. The relevant clue here is the one where the mother says everything goes well at lunch.

Audience--One other question. When you ask her to structure it more, what could she have done? You're talking about what the child's goal is. What should she have done?

Dr. Sonstegard--Okay, she would usually have done what I suggest.

I would say, "Why don't you go through a typical day." A typical day provides you with a terrific amount of insight into the interpersonal relationship. "How does the morning go?" And you find out how the situation is. The, "How does breakfast go? How does getting off to school go?" When the youngster comes home for lunch, how does it go? And then, "How does supper go?" And so on.

Mary--After school and on to dinner; tell us how that goes.

Sally--After school, Peter will go out and play by himself or go play with his friends. Sometimes it goes fine--he'll play ball and sometimes he'll come home with a problem. Somebody was hitting him or they got into a fight. Then he'll help me get supper and set the table. Once dinner starts, it's almost like both kids are trying to get attention. Peter either talks the whole time and does not eat, or he will sit there with his elbows on the table until his father tells him to get his elbows off the table. He will remove his elbows. Supper time tends to be a series of reminders for Peter to do this and Peter do that. Then Josh will start talking and he'll start making up stories. Super is not calm at our house.

Dr. Sonstegard--At this point, Mary should follow up with the question. What is the question?

Mary--What do you do at supper?

Dr. Sonstegard--What do you do?

Sally--Well, I don't think it's so much what I do. I kind of sit there and take it all in. My husband gets into telling Peter to get his hands off the table, cut up his meat, telling him to eat smaller bites, and I guess I get into it when Josh breaks in and I say "Josh, Peter's talking or Josh, Daddy's talking." I don't interrupt.

Dr. Sonstegard--Now, let's back track a little bit Mary to a very important clue Sally provided. Sometime back Peter was coming home telling that the other boys hogged the ball, that they pushed him down, or did something else to him. Now this provides us with another clue. Are you aware what it is?

Mary--No.

Dr. Sonstegard--Is anyone in the class aware of what it is?

Audience--I hear an awful lot about very exclusive relations between the son and his mother.

Dr. Sonstegard--Now, how old was he when Josh was born? He was five years old. What does that mean? I think Sally is a typical good mother and during that time she protected a lot as new mothers usually do. He was keeping her busy. The mother intervenes and protects the little boy and as a consequence he wants to continue. This may not be true. As we go along, we may find that this is false. Anyway, that is the guess that the counselor might formulate. Anyway, let's proceed now to find out.

Mary--Okay, tell us how bedtime goes.

Sally--I put Josh to bed first. Sometimes Peter wants to get in on Josh's time while I'm reading to him. I give Peter time after I put Josh to bed. Depending upon how smooth the day was. Peter will either stay downstairs and watch T.V. until Josh is in bed or he will be up there wanting me to read him a story and interrupting. Then after Josh is in bed I will read Peter a story or just the two of us will talk. He goes to bed about a half an hour later. Peter doesn't fight about going to bed. I'll let him stay up sometimes to watch a program.

Dr. Sonstegard--Now what is the logical thing to do? What would be the next step?

Audience--Ask the mother if she has any idea what the child's goal is.

Dr. Sonstegard--We've already decided that the child wants to keep the mother busy. Perhaps when we get to the recommendations it will be a different situation. Usually by the time we are getting recommendations the whole thing has been cleared up.

Ordinarily from this point on we do a little more about varifying our notion as to whether or not we're on the right track as far as the youngster's mistaken goal is concerned. Which would mean what? We would deal with such things as, "Does the youngster take his own bath?"; Is he reminded to change clothes? Does he put his clothes in the hamper?; Does he brush his hair and tidy up on his own?" Because of the shortened time we're going to pass over that.

Audience--I wonder if you could use a little more information about her response to Peter when he comes in telling what has happened, and what their response was before Josh was born.

Dr. Sonstegard--That's a good point and she tells us that's not true. We've asked her about this. She says that she didn't protect him.

Audience--Just a second. I'm going to ask you again. I'm asking if she is responding.

Dr. Sonstegard--That's the same thing--responding is protecting. Now you may have a point because responding to him may not be quite understood the way that I understand it. So you may have a point; let's find out. Did you do anything before Josh was born? Did you

do anything before Josh was born? Did you respond when Peter was hurt and so on?

Sally--Yes, there is a lot of sympathy there.

Dr. Sonstegard--You should all remember that when you get something that doesn't quite fit, question yourself as to how the client might be understanding it.

Audience--It might be worthwhile to find out how the child reacted if he didn't have the exclusive relationship.

Dr. Sonstegard--Okay, do you understand what he wants to know?

Sally--Yes, you mean on the nights when he goes to bed and I don't get to sit with him? He acts explosively when I don't have a chance to spend time with him. If he is late or he wants to watch T.V., I'll say oaky you can watch T.V. until your bedtime. When it is time to go to bed I'll tell him so and he'll say, "But you didn't read me a story." I'll say well we talked about it and you said this is what you wanted to do instead. There is a lot of negative attention. He gets in bed and gets up, and I put him to bed--that kind of thing.

Dr. Sonstegard--Now, we're getting into something else. What does this mean, Mary? What has she just told us? What do these clues mean?

Mary--Power.

Dr. Sonstegard--Okay, he's beginning to move into power. Instead of keeping mother busy he's now going to show her that he can do what he wants to do. We'll now go on to a recommendation. Mary will now go on to asking the mother about the recommendation and we'll let you start there. Why don't you begin by asking her if she's willing

to do some of the thing that you're going to suggest.

Mary--Are you willing to do some of the things that I'm going to suggest?

Sally--Yes, I would.

Dr. Sonstegard--Mary, ask your colleagues what they would suggest.

Mary--What would any of you suggest?

Audience--I'm just wondering where her husband is. Is he sharing the bedtime stories with her and so on? Will your husband be involved with it?

Dr. Sonstegard--Now, be specific. How will he be involved? Counselors are always too general.

Audience--Could it be that your husband won't take the role in this?

Dr. Sonstegard--No, No, we want to make a recommendation. What recommendation will you make for the husband?

Audience--That he will take one or two nights to put the children to bed; read them stories.

Dr. Sonstegard--Okay, good, now this is an important recommendation concerning bedtime reading. Why is it important that father take time to read to the boys? The boys get the idea that only women read and the mother has to read to them. Consequently, when they get to the school they get the idea that reading is a feminine activity. So, it is important that the father read; especially to the boys.

Audience--I wonder if it might be possible to ask her what other things she would like to see changed?

Dr. Sonstegard--That's a good point, but I don't thing I will

will do that. I'm glad you pointed it out but there is another way that can be done, "What things would you like to work on?"

Mary--Okay, Sally, what would you like to start with at home? Would you prefer a coupleof recommendations?

Sally--Yes.

Dr. Sonstegard-Okay, let's back up a little bit and discuss the recommendations and afterwards we'll ask which ones Sally is willing to do. Mary, what do you think about that? Sort them out and ask, "Which ones do you like?" So, Sally, in the evenings is your husband home with you?

Sally-- No.

Dr. Sonstegard--He's not home so you're the one that puts them to bed. This is going to cause a problem about father putting them to bed because he is busy. So you proceed as the situation is. Sally, I have a suggestion for you in the evening. Let's assume that bedtime is about 8:30, you would start about 7:30 and say to them, "Now, if you kids get your baths, brush your teeth and get into your pajamas, then we will read a story or play games, (or whatever the kids would like to do.)" At the end of the half hour or 45 minutes then you say, "That's all for tonight kids, goodnight." And from then on you pay no attention to them no matter what they do or say. What do you think about that?

Sally--Fine.

Dr. Sonstegard--Will you carry it out? You seem to have some reservations about it.

Sally--Well, there are times when the older one will wake up the younger one and they'll get into a big skuffle.

Dr. Sonstegard--What do you do about that?

Sally--Stay out of it?

Dr. Sonstegard--That's exactly right. Be as far away as you possibly can. In the bathroom if your house is small.

Sally--I went outside one night when they were making noises. They started rapping on the window. It distracted the neighbor lady. I just went inside and said, "Okay, it's time for bed." They went to bed. They were getting all excited about me being gone.

Dr. Sonstegard--Still the bathroom is the best place to go to when you are training children because they know where you are. Just keep the door locked. How does that sound?

Sally--Okay.

Dr. Sonstegard--It is important that training be done as a matter of routine. I'm talking now to the student counselor. It is important that you have a routine. You're setting a time for them and when it's over with, it's over with. You say, "That's all for tonight kids, goodnight." That's the end of it. Then you, the parent get busy and pay no more attention to the youngster. Now what other recommendations do you have? There is one more thing we might take up at this time--we have six minutes. Another point is supper time. When there is this hassle what can the mother do?

Mary--Well, she can decide what she will do. She can cook dinner.

Dr. Sonstegard--That's right, she serves supper, sits down, the hassle starts and father says, "Take your hands off the table, cut your meat before you chew on it, and so forth." What can the mother do?

Mary--Well, if it were me, I'd leave.

Dr. Sonstegard--That's right.

Mary--Sally, what do you think about that?

Sally--I think it would upset my three year old. Three year olds are really kind of, "This is my mother." I don't know.

Dr. Sonstegard--Let me reassure you. You're not going to upset them. The only one who is upset is you. If they want their mother there they will learn to behave. It's just as simple as that. So don't worry about this. One difficulty is that parents always treat their children as though they're mentally retarded. The fact is that kids are smart. You don't suspect your kids of being mentally retarded do you?

Sally--No.

Dr. Sonstegard--Now, we have four more minutes and we'll stop the demonstration here. We'd like to have a time for questions. John will you entertain the questions?

Dr. John West--Yes. We encourage our practicum students to take notes on what's going on. If they can pick out the relevant parts of the counseling session that says they understand the counseling process. We think note taking is important.

Audience--Do you counsel real clients?

Dr. John West--Yes. In our practicum we see children and parents from the community. We can use this model of supervision with one-to-one sessions, family counseling, marriage counseling, and group counseling.

Audience--Are the clients aware of the counselor trainee?

Dr. John West--When the client comes in, one of the first things we do is explain to the client that these people who are working with us are students. We explain how hard it is to learn

to be a counselor without people coming in as clients. They're asked if they would be willing to help us. This approach solicits cooperation. In turn, the client receives benefits.

Dr. Sonstegard--We have asked principals of high schools and elementary schools for their assistance. We also talk with the youngsters and say, "We need some help in training counselors. How many of you would like to help us?" And we explain what the process is. Last semester we had three or four different groups of high school students assisting us in providing training for student counselors.

Audience--Do you have problems with the counselor trainee?

Dr. Sonstegard--As time gones on, I intervene less and less until eventually I don"t say a thing; which is most difficult for me to do. It eventually gets to that point and our relationship is such that the counselors tell me if they don't like what I'm doing. They tell me, "I wish you wouldn't do this and so on." I like it because then I know that the counselors are being trained.

Audience--Have you put together any kind of a manual on training supervision?

Dr. John West--Not as of the present.

Audience--Do you have any kind of follow-up method?

Dr. John West--When we're done with a session the counselor will ask the client if they would like to come back. They could return the next week or shortly thereafter. The clients stay with us as long as it appears beneficial.

Dr. John West--Thank you very much for helping us. Thank you, Mary.